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**GATEWAY**

**Housing Support Service**

Referral Form

This form is used to identify the range of issues that may be affecting your housing support needs. It is also used to gather information that is used to help plan and develop support services. Failure to complete relevant sections of this form could result in delays in processing the application.

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| --- |
| **DISCLAIMER** |
| I understand the information provided via this application may be used for the planning, development and delivery of services, including helping to establish value for money, within Monmouthshire County Council.  Additionally it may be used for research and statistical purposes where it is appropriate to do so. Information collected will be stored securely and used anonymously. Information collected may be shared with some third-parties in the interests of housing support related research, housing related provision, and in respect of matters relating to public or personal safety. |

**Applicant’s Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | 🞏 Mr | 🞏 Mrs | 🞏 Ms | | | 🞏Miss | 🞏 Other: ............... |
| Full Name: |  | | | | | | |
| Sex: | 🞏 M 🞏 F | | | D.O.B: | | | / / |
| NI No: |  | | | British Citizen: | | | 🞏 Yes 🞏 No |
| Home Tel No: |  | | | Mobile No: | |  | |
| Current Address: | Postcode: . | | | | | | |
| Type of Tenure: |  | | | | | | |
| 🞏 Local Authority – Temporary | | | | | 🞏 Bed & Breakfast | | |
| 🞏 Local Authority – Secure | | | | | 🞏 Housing Association (………………………………….) | | |
| 🞏 Voluntary/Charitable Organisation | | | | | 🞏 Private Rented | | |
| 🞏 Other (please state……………………………………..) | | | | | 🞏 Staying with family/friends | | |
| Date moved into current accommodation: | | | | |  | | |

**Other Household Members**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you currently live with a partner: | | 🞏 Yes 🞏 No | If so, please enter your partner’s name and date of birth below: | | |
| Name: | |  | D.O.B: | | / / |
| NI No: | |  | British Citizen: | | 🞏 Yes 🞏 No |
| Do you have any dependents who need to be accommodated with you? If so, please enter their details below. | | | | | |
| Dependants | Full Name | | | D.O.B | Relationship to you |
| 1st |  | | | / / |  |
| 2nd |  | | |  |  |
| 3rd |  | | |  |  |
| 4th |  | | |  |  |
| 5th |  | | |  |  |
| 6th |  | | |  |  |

**Equal Opportunities**

|  |  |  |
| --- | --- | --- |
| Ethnicity | | |
| White | Mixed | Other Groups |
| 🞏 British | 🞏 White & Asian | 🞏 Arab |
| 🞏 European | 🞏 White & Black African | 🞏 Chinese |
| 🞏 Irish | 🞏 White & Black Caribbean | 🞏 Gypsy/Traveller |
| 🞏 Welsh |  | 🞏 Vietnamese |
| 🞏 English |  | 🞏 Yemeni |
| 🞏 Scottish |  |  |
| Asian or Asian British | Black or Black British | Other (please state) |
| 🞏 British born Asian | 🞏 Black British |  |
| 🞏 Indian | 🞏 African |  |
| 🞏 Pakistani | 🞏 African Somali |  |
| 🞏 Bangladeshi | 🞏 Caribbean |  |
| 🞏 Sri Lankan |  |  |
| Sexual Orientation | | |
| 🞏 Heterosexual | 🞏 Bisexual | 🞏 Gay/Lesbian |
| 🞏 Other (……………………………..) | 🞏 Prefer not to say |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Religious Beliefs | | | | | | | |
| 🞏 Baha’i | | 🞏 Hindu | | | 🞏 Rastafarian | | |
| 🞏 Buddhist | | 🞏 Muslim | | | 🞏 Atheist | | |
| 🞏 Christian | | 🞏 Jain | | | 🞏 Agnostic | | |
| 🞏 Catholic | | 🞏 Sikh | | | 🞏 None | | |
| 🞏 Protestant | | 🞏 Jewish | | | 🞏 Other (……………………………..) | | |
| 🞏 Methodist | | 🞏 Shinto | | |  | | |
| Language | | | | | | | |
| What is your first language: |  | | | | | | |
| Other languages spoken | Fluent | | Read/Write | Read Only | | Conversational | Basic |
|  |  | |  |  | |  |  |
|  |  | |  |  | |  |  |
|  |  | |  |  | |  |  |
|  |  | |  |  | |  |  |
| Are you an Asylum Seeker : | | | 🞏 Yes 🞏 No | | | | |
| Are you a Refugee : | | | 🞏 Yes 🞏 No | | | | |

**Housing Support Needs**

Please, tell us about any housing-related support you feel you need to help you to either obtain accommodation or remain living in your current home.

|  |  |  |
| --- | --- | --- |
| Are you, or any of your household, currently receiving support from any of the following? | | |
|  | Yes/No | Contact Name |
| A Social Worker | 🞏 Yes 🞏 No |  |
| A Community Psychiatric Nurse (CPN) | 🞏 Yes 🞏 No |  |
| A Probation Officer | 🞏 Yes 🞏 No |  |
| Any Other Support Service | 🞏 Yes 🞏 No |  |
| Have you during the past 12-months been a victim of domestic abuse or felt threatened and/or controlled by your partner or family member? 🞏 Yes 🞏 No  For support and advice, contact the Domestic Abuse All Wales Helpline 0808 80 10 800 | | |

There may be a number of issues that you feel have contributed towards you needing support to obtain and/or maintain your accommodation. Please, indicate whether you are affected by any of these areas of support needs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Areas of Need | | | | Tick | Primary Need |
| (M1) Women experiencing Domestic abuse | | | |  |  |
| (M2) Men experiencing Domestic Abuse | | | |  |  |
| (M3) People with Learning Disabilities | | | |  |  |
| (M4) People with Mental Health issues | | | |  |  |
| (M5) People with Alcohol Issues | | | |  |  |
| (M6) People with Substance Misuse issues | | | |  |  |
| (M7) People with Criminal Offending History | | | |  |  |
| (M8) People with refugee status | | | |  |  |
| (M9) People with physical and/or Sensory disabilities | | | |  |  |
| (M10) People with Developmental Disorders ( i.e. Autism) | | | |  |  |
| (M11) People with Chronic Illnesses( including HIV/AIDS) | | | |  |  |
| (M12)Young People who are Care leavers | | | |  |  |
| (M13)Young People with Support Needs (16 to 24) | | | |  |  |
| (M14) Single parent families with Support Needs | | | |  |  |
| (M15) Families with Support Needs | | | |  |  |
| (M16) Single People with Support Needs , not listed above( 25 to 54) | | | |  |  |
| (M17) People over 55 years of age with Support Needs (this category must be exclusive of alarm services) | | | |  |  |
| (M18) Generic/Floating Support/Peripatetic (tenancy support services which cover a range of user needs) | | | |  |  |
|  | Yes | No | Please, provide details | | |
| Are you currently homeless? |  |  |  | | |
| Are you at risk of being made homeless? |  |  |  | | |
| Are you dealing with any issues related to **Universal Credit** that you need support with? |  |  |  | | |

**Housing Issues**

Examples of issues that can affect your housing needs are listed in the table below. Please, indicate any areas which apply and provide an outline of any additional information that are relevant to this referral.

|  |  |
| --- | --- |
| Type of Housing Related Support | Tick |
| Risks to personal/family safety |  |
| Managing Accommodation |  |
| Managing Relationships/Relationship Issues |  |
| Community/Neighbourhood Issues |  |
| Managing Money/Budgeting/Debts/Benefit Claims |  |
| Accessing Education/Training & Learning Opportunities |  |
| Accessing Employment/Volunteering Opportunities |  |
| Physical Health Issues |  |
| Mental Health Issues |  |
| Issues impacting on Health and Well-being |  |
|  | |
| Additional information in respect of referral: | |
|  | |

**Risk Assessment for Housing Support**

Are there any known issues regarding any of the following (please, tick)?

|  |  |  |
| --- | --- | --- |
| Areas of Potential Risk | Yes | No |
| History of violence/aggression |  |  |
| History of non-compliance with professional agencies |  |  |
| Due to mental ill health |  |  |
| Due to alcohol misuse |  |  |
| Due to drugs/substance misuse |  |  |
| Due to risk of abuse by others |  |  |
| History of offending |  |  |
| Environmental risks |  |  |
| Any comments: | | |
|  | | |

Does the applicant present a risk to any specific groups?

|  |  |  |
| --- | --- | --- |
| Group | Yes | No |
| Young Adults |  |  |
| Older People |  |  |
| Children |  |  |
| Women |  |  |
| Any Minority Groups |  |  |
| Other |  |  |
| Any comments: | | |
|  | | |

**Applicant Agreement for Support Referral**

|  |  |
| --- | --- |
| Do you agree for this referral to be submitted on your behalf? 🞏 Yes 🞏 No | |
|  | |
| Upon receipt of your application, the Housing Support Team will contact you to arrange to undertake an assessment. Information provided on this application will be recorded for data collection purposes. | |
| **Applicant Signature** |  |
| **Date** |  |
|  | |
| Signature of Referring Agency | |
| (if referred by a 3rd party/agency and confirming that application, although unable to sign, is agreeable to referral being made on their behalf) | |
| **Signature** |  |
| **Position** |  |
| **Date** |  |
|  | |
| **Person submitting the referral** |  |
| **Telephone Number** |  |
| **Date of Application** |  |
| **Referrers organisation or address** |  |
| **Referrers e-mail address** |  |
|  | |
| Housing Support Team Contact details. Please, return your completed referral to:  Housing Support Manager  Monmouthshire County Council  Housing Support Services  County Hall  The Rhadyr  Usk  Monmouthshire  NP15 1GA  Telephone: 01633 740730  E mail: housingsupportservice2@monmouthshire.gov.uk | |